

Waterford Parks & Recreation - Main Office  
5200 Civic Center Drive \* Waterford MI 48329  
248-674-5441

Waterford Parks & Recreation - Recreation Center  
5640 Williams Lake Rd \* Waterford MI 48329  
248-674-4881

# 2017 GOLDEN AGE CLUB MEMBERSHIP

January 2017 through December 2017

☐ RETURNING MEMBER

☐ NEW MEMBER

<b>RESIDENT FEE:</b>	Single \$19	Couple \$33	AFTER July 1 – Single \$12	Couple \$19
<b>NON RESIDENT FEE:</b>	Single \$24	Couple \$43	AFTER July 1 – Single \$17	Couple \$24

1. NAME \_\_\_\_\_  
Last First Prefer to be called

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CELL PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_  
Last First Prefer to be called

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WEDDING ANNIVERSARY \_\_\_\_ / \_\_\_\_ / \_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

## RELEASE OF LIABILITY

In consideration of my registration into this program, I do hereby release and hold harmless Waterford Township, its Parks and Recreation Department (WPR), and its designated representatives, employees, all parties involved and contractors of any liability connected with the WPR 50+ programs. I understand fully the risks involved in the programs I choose to participate (van or motor coach travel, sports or other activities). I understand that it is my responsibility to notify the WPR representative of any changes in physician, medical information, or emergency contact from that which I stated on my participant medical form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHOTO RELEASE

I give permission for any photograph, video tape or any other form of audio visual record of myself volunteering for the Waterford Parks and Recreation Department to be used by Waterford Parks and Recreation.

Initial  
Below

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*Interested in volunteering? Sign up on the back of this form.*



# 2017 GOLDEN AGE CLUB MEMBERSHIP VOLUNTEER OPPORTUNITIES



Please indicate your volunteer interests below. Thank you. By completing this volunteer information you are not obligated. If you are unable to help, just say "No thank you, call me again."

- |  |   |
|--|---|
| <input type="checkbox"/> Bake Sale/ Baking                   | <input type="checkbox"/> Apple Pies – October                     |
| <input type="checkbox"/> Bake Sale/Telephone calls           | <input type="checkbox"/> Lunches/ Kitchen or Serving              |
| <input type="checkbox"/> Bake Sale/ work the sale            | <input type="checkbox"/> Spaghetti Dinner/ Work or Bake a dessert |
| <input type="checkbox"/> Collate the Newsletter              | <input type="checkbox"/> Special Events / evenings or weekends    |
| <input type="checkbox"/> Dinners / Kitchen or Serving        | <input type="checkbox"/> Gardening at the Rec Center              |
| <input type="checkbox"/> Golden Age Club Board Member        | <input type="checkbox"/> I WILL TRY ANYTHING                      |
| <input type="checkbox"/> Hess-Hathaway Park / Special Events |   |

## VOLUNTEER LIABILITY WAIVER

In consideration of acceptance of my volunteer services for the Waterford Parks & Recreation Department, I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or their respective officers, instructors or me in connection with my said association with the Waterford Parks & Recreation Department.

Initial  
Below

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1. Print Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Print Name \_\_\_\_\_ Phone \_\_\_\_\_

